



**SANITARY SEWER OVERFLOW  
ANNUAL REPORT**

**DATE:** 01/17/14

**FACILITY NAME:** Scioto Hills Wastewater Treatment Facility

**OHIO NPDES PERMIT NO:** 4PG00034\*GD

**PERIOD COVERED BY REPORT:** 01/1/13 -12/31/13

**CONTACT PERSON**

**NAME:** Mark Chandler

**TITLE:** Operations Manager

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*I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REPORT, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.*

Mark Chandler  
Signature of Official

2-5-2014  
Date

Operations Manager  
Title









Enter narrative analysis of WIB patterns by location, frequency and cause.

The collection system is routinely monitored by the collections department and no SSO or WIB occurrences were identified or reported for 2013.